

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

49-62-012123

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 49

FILED MAR 27 1962

VS 300
Rev. 4/59

1 0795

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Perryville		c. CITY OR TOWN Perryville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Perry County Memorial Hospital		d. STREET ADDRESS (If outside, give location) Edgemont Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lewis Middle William Last Duvall		4. DATE OF DEATH Month March Day 17 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
13a. FATHER'S NAME John Duvall		13b. MOTHER'S MAIDEN NAME Luvina Miles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT 33-Robert Duvall, Perryville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5-28-53 a.m. 3-17-62 Month, Day, Year		20f. CITY, TOWN, OR LOCATION Perryville, Mo. COUNTY Perry STATE Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 5-28-53 to 3-17-62 and last saw him alive on 3-17-62		Death occurred at 8:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. E. Garfield, M.D. (Degree or title)		22b. ADDRESS Perryville, Mo.	
22c. DATE SIGNED 3-19-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE March 20, 1962		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem., Perryville, Mo.	
23d. LOCATION (City, town, or county) Perryville, Mo.		23e. DATE RECD. BY LOCAL REG. 3-20-62	
23f. REGISTRAR'S SIGNATURE Joel J. Zoellner		24. FUNERAL DIRECTOR'S ADDRESS Albert Bey, Perryville, Mo.	

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 29 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

9267, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3106

P.O. Address 1501 N. 1st St. #100

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.